

Tadpole Academy
Medical and Religious/ Cultural Food Restrictions

Child's Name:	Date:
Date of Birth:	Age:

Emergency Contact Information:

Name:	Relation to Child:
Home#:	Work#:
Cell#:	Email Address:

Please list the foods that the child may NOT have, list suggested substitutions and describe the allergic reaction (if applicable).

1. Food Allergy (ies) _____ YES _____ NO

Please check all that apply:

- wheat peanuts tree nuts milk fish eggs shellfish soy
 other (please list) _____

Please list recommended substitutions for foods listed above:

Must this food(s) be avoided in all forms and/or in even small amounts? _____ YES _____ NO

Please describe the participant's typical allergic reaction:

What actions should we take in the case of an allergic reaction?

2. Dietary Restrictions (including those for medical, religious, cultural or other reasons?)

_____ YES _____ NO

If yes, what is the nature of the restriction? Medical Religious/Cultural

If yes, please list the restrictions: _____

Please list substitutions for the foods listed above:

Must this food be avoided in all forms and/or in even small amounts: _____ YES _____ NO

Parent/Guardian Signature and Date: _____